

**CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2006, THROUGH JUNE 30, 2007**

(Use for eligibility determinations and for public release)

MONTHLY INCOME

Household Size	Free Rate Reimbursement	Reduced Rate Reimbursement	Paid Rate Reimbursement
1	\$1,062.00 and under	\$1,062.01 - \$1,511.00	\$1,511.01 and above
2	\$1,430.00 and under	\$1,430.01 - \$2,035.00	\$2,035.01 and above
3	\$1,799.00 and under	\$1,799.01 - \$2,560.00	\$2,560.01 and above
4	\$2,167.00 and under	\$2,167.01 - \$3,084.00	\$3,084.01 and above
5	\$2,535.00 and under	\$2,535.01 - \$3,608.00	\$3,608.01 and above
6	\$2,904.00 and under	\$2,904.01 - \$4,132.00	\$4,132.01 and above
7	\$3,272.00 and under	\$3,272.01 - \$4,656.00	\$4,656.01 and above
8	\$3,640.00 and under	\$3,640.01 - \$5,180.00	\$5,180.01 and above
For Each Additional Person, Add	+\$369.00	+\$525.00	+\$525.00